



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/605,414	09/29/2003	David STOREK	06730.0027.NPUS01

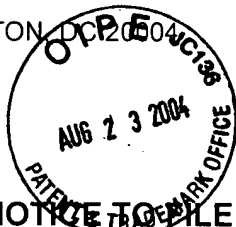
CONFIRMATION NO. 2413

FORMALITIES LETTER



OC000000011511043

28694
 HOWREY SIMON ARNOLD & WHITE LLP
 1299 PENNSYLVANIA AVE., NW
 BOX 34
 WASHINGTON, DC 20004



Date Mailed: 12/17/2003

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

08/24/2004 DTESSEM1 00000049 10605414

01 FC:2001
 02 FC:2051

385.00 OP
 65.00 OP

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:Total additional fee(s) required for this application is **\$900** for a Large Entity

- **\$770** Statutory basic filing fee.
- **\$130** Late oath or declaration Surcharge.

RECEIVED
 DOCKET DEPT.
 HOWREY SIMON ARNOLD & WHITE

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

DEC 19 2003

WASHINGTON, D.C.

A copy of this notice MUST be returned with the reply.

B. Habtewold

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



Please type a plus sign (+) inside this box → ☒

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/605,414		
	Filing Date	09/29/2003	
	First Named Inventor	STOREK	
	Group Art Unit	3711	
	Examiner Name	Unknown	
Total Number of Pages in This Submission		Attorney Docket Number	06730.0027.NPUS01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Proposed Amended Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Declaration/Power of Attorney - Revocation of Prior Powers	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-2038; and Postcard.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	NOVAK DRUCE, LLP Tracy W. Druce
Date	06/17/2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence and any attachments referred to herein are being deposited with the United States Postal Service with sufficient postage as first class mail in and envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 06/17/2004.			
Typed or printed name	Daniel Hernandez		
Signature		Date	17 June 2004

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



FEE TRANSMITTAL **for FY 2002**

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/605,414
Filing Date	09/29/2003
First Named Inventor	STOREK
Examiner Name	Not Assigned
Group / Art Unit	3711
Attorney Docket No.	06730.0027.NPUS01

TOTAL AMOUNT OF PAYMENT (\$) **450**

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																				
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table>				Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65	65	127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	400	216	200		117	920	217	460		118	1,440	218	720		128	1,960	228	980		119	320	219	160		120	320	220	160		121	280	221	140		138	1,510	138	1,510		140	110	240	55		141	1,280	241	640		142	1,280	242	640		143	460	243	230		144	620	244	310		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	740	246	370		149	740	249	370		179	740	279	370		169	900	169	900	
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description					Fee Paid																																																																																																																																																
105	130	205	65	65																																																																																																																																																				
127	50	227	25																																																																																																																																																					
139	130	139	130																																																																																																																																																					
147	2,520	147	2,520																																																																																																																																																					
112	920*	112	920*																																																																																																																																																					
113	1,840*	113	1,840*																																																																																																																																																					
115	110	215	55																																																																																																																																																					
116	400	216	200																																																																																																																																																					
117	920	217	460																																																																																																																																																					
118	1,440	218	720																																																																																																																																																					
128	1,960	228	980																																																																																																																																																					
119	320	219	160																																																																																																																																																					
120	320	220	160																																																																																																																																																					
121	280	221	140																																																																																																																																																					
138	1,510	138	1,510																																																																																																																																																					
140	110	240	55																																																																																																																																																					
141	1,280	241	640																																																																																																																																																					
142	1,280	242	640																																																																																																																																																					
143	460	243	230																																																																																																																																																					
144	620	244	310																																																																																																																																																					
122	130	122	130																																																																																																																																																					
123	50	123	50																																																																																																																																																					
126	180	126	180																																																																																																																																																					
581	40	581	40																																																																																																																																																					
146	740	246	370																																																																																																																																																					
149	740	249	370																																																																																																																																																					
179	740	279	370																																																																																																																																																					
169	900	169	900																																																																																																																																																					
<input type="checkbox"/> Deposit Account: Deposit Account Number: 141437 Deposit Account Name: NOVAK DRUCE LLP																																																																																																																																																								
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																								
FEE CALCULATION 1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>385</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (1)</td><td>(\$ 385)</td></tr> </tbody> </table>				Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee	385	106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)					(\$ 385)																																																																																																											
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																			
101	740	201	370	Utility filing fee	385																																																																																																																																																			
106	330	206	165	Design filing fee																																																																																																																																																				
107	510	207	255	Plant filing fee																																																																																																																																																				
108	740	208	370	Reissue filing fee																																																																																																																																																				
114	160	214	80	Provisional filing fee																																																																																																																																																				
SUBTOTAL (1)					(\$ 385)																																																																																																																																																			
2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Total Claims	Extra Claims	Fee from below	Fee Paid	0	0	0	0	0	0	0	0	0	0	0	0																																																																																																																																					
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																																																					
0	0	0	0																																																																																																																																																					
0	0	0	0																																																																																																																																																					
0	0	0	0																																																																																																																																																					
<table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (2)</td><td>(\$ 0)</td></tr> </tbody> </table>				Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 0)																																																																																																											
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																			
103	18	203	9	Claims in excess of 20																																																																																																																																																				
102	84	202	42	Independent claims in excess of 3																																																																																																																																																				
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																				
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																				
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																				
SUBTOTAL (2)					(\$ 0)																																																																																																																																																			
**or number previously paid, if greater; For Reissues, see above																																																																																																																																																								
Other fee (specify) _____ *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 65)																																																																																																																																																								

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Tracy W. Druce	Registration No. Attorney/Agent)	35,493	Telephone	202.293.7333
-------------------	----------------	----------------------------------	--------	-----------	--------------

Signature

Date

06/17/2004